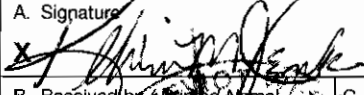


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Kelvin Jenkins 3012 West Knoll Cinti, OH		B. Received by (Printed Name) KEVIN JENKINS	
2. Article Number (Transfer from service label)		C. Date of Delivery JUN 08 2007	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		5. Tracking Number 7002 0860 0000 1409 5925	
PS Form 3811, August 2001		Domestic Return Receipt	

JUN 11 2007

JAMES BONNIE

CINCINNATI, OH

102595-01-M-2509